

For: \_\_\_\_\_

PSC KY Number: \_\_\_\_\_

\_\_\_\_\_ Sheet No. \_\_\_\_\_

Cancelling PSC KY Number: \_\_\_\_\_

\_\_\_\_\_ Sheet No. \_\_\_\_\_

\_\_\_\_\_  
(Name of Utility)

Deposits

1. The utility requires a cash deposit to secure payment of bills, an equal amount for each class of customers, not to exceed 2/12 of the average annual bill when billed monthly, 3/12 when billed every 2 months, and 4/12 when billed every 3 months.

2. Deposit amount(s) shall be as follows:

3. Service will be refused or discontinued if payment of deposit is not made.

4. Deposits may be waived for a customer showing satisfactory credit or payment history with the following criteria being considered: (a) Previous history with the utility. If the customer has no previous history with the utility, statements from other utilities, banks, etc., may be presented by the customer as evidence of good credit; (b) Whether the customer has an established income or line of credit; (c) Length of time the customer has resided or been located in the area; (d) Whether the customer owns the property to be served; (e) Whether another customer with a good payment history is willing to sign as a guarantor for an amount equal to the required deposit

5. Interest will accrue on all deposits at the rate prescribed by law beginning on the date of the deposit. Interest accrued will be refunded to the customer or credited to the customer's bill on an annual basis. If interest is paid or credited to the customer's bill prior to twelve (12) months from the date of deposit or the last interest payment date, the payment or credit shall be on a prorated basis.

6. Deposits will be refunded to customers:

upon termination of service.

after \_\_\_\_\_ months if customer has established a satisfactory payment history or upon termination of service.

DATE OF ISSUE \_\_\_\_\_  
*Month / Day / Year*

DATE EFFECTIVE \_\_\_\_\_  
*Month / Day / Year*

ISSUED BY \_\_\_\_\_  
*(Signature of Officer)*

TITLE \_\_\_\_\_

BY AUTHORITY OF ORDER OF THE PUBLIC SERVICE COMMISSION

IN CASE NO. \_\_\_\_\_ DATED \_\_\_\_\_